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|---|--|---|--------------------------------------|--|--|--|--|------------------------|---|--|--|--------------------|--|
| ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.) | | | | | | Form Approved OMB No. 0704-0187 Expires Jun 30, 1997 | | PAGE 1 OF 3 | | | | | |
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. | | | | | | | | | | | | | |
| PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6. | | | | | | | | | | | | | |
| 1. CONTRACT/PURCH ORDER NO. N00383-00-G-002N | | | 2. DELIVERY ORDER NO. UB3A | | 3. DATE OF ORDER (YYMMDD) 2004 FEB 26 | | 4. REQUISITION/PURCH REQUEST NO. NPC03316000456 | | 5. PRIORITY DOA1 | | | | |
| 6. ISSUED BY Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAAABAM (614)692-3307 / FAX: (614)693-1603 E-mail: Patti.Huff@dla.mil | | | CODE SP0700 | | 7. ADMINISTERED BY (If other than 6) DCMA BOEING PHILADELPHIA PO BOX 16859 MS P23-50 (610) 591-8500 PHILADELPHIA PA 19142-0859 | | | CODE S3916A | | 8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other) | | | |
| 9. CONTRACTOR BOEING CO THE DBA BOEING HELICOPTER ROUTE 291 & STEWART AVE. RIDLEY PARK PA 19078 | | | CODE 77272 | | FACILITY CODE | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 521 DAYS ARO | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | | | |
| NAME AND ADDRESS | | | | | | | 12. DISCOUNT TERMS NET 30 days | | 13. MAIL INVOICES TO See Block 15 | | | | |
| 14. SHIP TO See Schedule - Do Not Ship to Address in Block 6 | | | CODE | | 15. PAYMENT WILL BE MADE BY HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 | | | CODE HQ0337 | | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER | | | |
| EFT: T | | | | | | | | | | | | | |
| 16. TYPE OF ORDER | | DELIVERY <input checked="" type="checkbox"/> | | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | | | | | |
| | | PURCHASE | | Reference your offer dated 2004 FEB 25, 8-5414-5-UN08-03149 and furnish the following on terms specified herein. | | | | | | | | | |
| | | | | ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150 97X4930 5CC0 001 22.1 S33150 (TRANS) | | | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/SERVICE | | | | 20. QUANTITY ORDERED/ACCEPTED* | | 21. UNIT | | 22. UNIT PRICE | | 23. AMOUNT | |
| | | Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. | | | | TOTAL: 30 | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | | | 24. UNITED STATES OF AMERICA William Cain | | PAAABA9 | | 25. TOTAL | | \$ 24885.90 | |
| BY: <i>William E. Cain</i> | | | | | | TRACTING/ORDERING OFFICER | | | | 29. DIFFERENCE | | | |
| 26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED | | | | | | 27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 28. D.O. VOUCHER NO. | | 30. INITIALS | | | |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | | | | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | | | |
| 36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ | | | | | | | | | | 34. CHECK NUMBER | | | |
| | | | | | | | | | | 35. BILL OF LADING NO. | | | |
| 37. RECEIVED AT | | 38. RECEIVED BY (Print) | | 39. DATE RECEIVED (YYMMDD) | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NUMBER | | 42. S/R VOUCHER NO. | | | |

CONTINUATION SHEET

Order Number:

N00383-00-G-002N-UB3A

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SECTION B

PR NPC03316000456
NSN 3040-01-425-6294

ITEM DESCRIPTION:

SHAFT, SHOULDERED (QUILL SHAFT, ACCESSORY GEAR
BOX).

USED ON BOEING HELICOPTER MODEL H-46.

CRITICAL APPLICATION ITEM

BOEING CO THE (77272) P/N 423D3725-1

| <u>ITEM</u> | <u>PR</u> | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001 | NPC03316000456 | 0001 | 30 | EA | \$829.53000 | \$24885.90 |

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 10: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = A1: OPI = O:
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E
DATED 3029

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2005 JUL 31

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

SW3113
DEF DIST DEPOT CHERRY POINT NC
PSC 8020
CUNNINGHAM ST BLDG 159 RM 217
CHERRY POINT NC 28533-0020

FREIGHT SHIPPING ADDRESS:

SW3113
DEF DIST DEPOT CHERRY POINT NC
LANGLEY RD BLDG 147 BAY A
CHERRY POINT NC 28533-5040

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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